

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1941

Registration District No. 609

Primary Registration District No. 5808

1. PLACE OF DEATH:

(a) County: NEWTON

(b) City or town: NEOSHO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: AREA 12 - CAMP CROWDER
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
U.S. MILITARY RESERVATION (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON ⁰⁷³

(c) City or town: NEOSHO RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 5
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: Willis Bynum McWilliams

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex: MALE 5. Color or race: White

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: BESSIE McWilliams

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: JAN 13 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>43</u>	<u>10</u>	<u>7</u>	hr. _____ min.

9. Birthplace: MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: OILER-EMPLOYEE-TARITON-

11. Industry or business: MCDONALD CONST. CO

12. Name: J.W. McWilliams

18. Birthplace: PENN
(City, town, or county) (State or foreign country)

14. Maiden name: LAURA Lively

15. Birthplace: MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Bessie McWilliams

(b) Address: W. S. Neosho, Mo.

17. (a) General (b) Date thereof: 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Spring, Oklahoma

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20
year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him dead Nov. 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: crushed chest by being run over by truck, (accident)

Due to _____
Due to _____
Other conditions: 100-6
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 2!
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident ⁰⁷³

(b) Date of occurrence: 11-20-1941

(c) Where did injury occur? Neosho NEWTON MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Military Reservation, Camp Crowder

(e) Means of injury: crushed chest
While at work? Yes (Specify type of place) (e) Means of injury

23. Signature: J. Reynolds Carrosser
Address: Neosho Mo Date signed: 11-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 1241-1874

Date Filed DEC 15 1941

JUN 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ogl Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho MO.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.